

CITY OF SPRINGBORO  
320 W. Central Avenue  
Springboro, OH 45066-1198

INCOME TAX DEPARTMENT  
(937) 748-9701  
(937) 748-6185 – fax

Account # \_\_\_\_\_ BUSINESS AND PROFESSIONAL QUESTIONNAIRE

The following information will aid us in preparing forms for your use in complying with the Springboro income Tax Ordinance. Please complete the questionnaire and return to City of Springboro, Department of Taxation 320 W. Central Ave. Springboro, OH 45066

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Trade Name (if different) \_\_\_\_\_

Address \_\_\_\_\_

Address where work is performed: \_\_\_\_\_

Nature of business conducted \_\_\_\_\_ Date started in Springboro \_\_\_\_\_

Accounting period used for Federal Income Tax Purposes: Fiscal Year End \_\_\_\_\_ EIN # \_\_\_\_\_

Do you have employees subject to Springboro Income Tax? \_\_\_\_\_ Date started withhold \_\_\_\_\_

Note: You may have persons in your employ who are subject to Springboro Income Tax, but from whom you are not required to withhold the city tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, Independent commission sale, brokers, etc. The next question covers such cases.

Do you at any time during the year employ persons who are subject to Springboro Income Tax and from whom you do not withhold City tax? \_\_\_\_\_ If yes, attach a list of such persons, including names and address.

Type of Ownership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corp \_\_\_\_\_ S-Corp \_\_\_\_\_ Non-Profit \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

List names, residence address and social security number of owner(s) or a list of corporate officers

\_\_\_\_\_

\_\_\_\_\_

If business is renting the Springboro location, list name and address of landlord \_\_\_\_\_

Address to which Business Tax forms are to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Withholding Tax Forms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

How do you intend on remitting your withholding payments? \_\_\_\_\_ ach credit \_\_\_\_\_ ach debit

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed